

1. CIR./DIST./DIV. CODE 2 NYS NY	2. PERSON REPRESENTED Capers, James	VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:15-000607-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) USA v. Capers et al	8. TYPE PERSON REPRESENTED Adult Defendant	9. REPRESENTATION TYPE Federal Capital Prosecution				
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 924J.F -- Violent crime/drugs/machine gun where death occurs						
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS PATEL, ANDREW 40 Fulton Street 23rd Floor New York NY 10038 Telephone Number: (212) 349-0230		12. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order. See Document #12 Signature of Presiding Judicial Officer or By Order of the Court 09/09/2015 Date of Order _____ Nunc Pro Tunc Date _____ (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
CLAIM FOR SERVICES AND EXPENSES						
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.						
CAPITAL PROSECUTION a. <input type="checkbox"/> Pre-Trial e. <input type="checkbox"/> Appeal g. <input type="checkbox"/> Habeas Petition k. <input type="checkbox"/> Petition for the U.S. b. <input type="checkbox"/> Trial f. <input type="checkbox"/> Petition for the U.S. h. <input type="checkbox"/> Evidentiary Hearing i. <input type="checkbox"/> Dispositive Motions k. <input type="checkbox"/> Petition for the U.S. c. <input type="checkbox"/> Sentencing Supreme Court i. <input type="checkbox"/> Dispositive Motions Writ of Certiorari d. <input type="checkbox"/> Other Post Trial Writ of Certiorari j. <input type="checkbox"/> Appeal gg. <input type="checkbox"/> State Court Appearance		HABEAS CORPUS l. <input type="checkbox"/> Stay of Execution o. <input type="checkbox"/> Other (specify) m. <input type="checkbox"/> Appeal of Denial of Stay n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. p. <input type="checkbox"/> Clemency Supreme Court Regarding Denial of Stay				
HOURS AND COMPENSATION CLAIMED		FOR COURT USE ONLY				
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (Rate per Hour = \$) b. Interviews and Conferences with Client c. Witness Interviews d. Consultation with Investigators and Experts e. Obtaining and Reviewing the Court Record f. Obtaining and Reviewing Documents and Evidence g. Consulting with Expert Counsel h. Legal Research and Writing i. Travel j. Other (Specify on additional sheets)						
Totals: Categories b thru j (Rate per hour = \$)						
CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)						
16. Travel Expenses (lodging, parking, meals, mileage, etc.)						
17. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):						
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION		
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.						
Signature of Attorney: _____		Date: _____				
APPROVED FOR PAYMENT -- COURT USE ONLY						
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT APPROVED		
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	27a. JUDGE CODE		